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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e) required)	Attorney Docket Number	PR60742USw	
	First Named Inventor	Bryan James GOODWIN	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Art Unit		
	Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on () as United States Application Number or PCT International

Application Number **PCT/US2005/005754** filed February 23, 2005 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])**Bryan James**

Family Name

Or Surname

GOODWINInventor's
Signature

Date

7/28/2005

Residence: City

State

Country

Citizenship

Durham**NC****US****GB**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])**Eugene Lee**

Family Name

Or Surname

STEWARTInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

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State

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Country

Research Triangle Park**NC****27709****US**☐ Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

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NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Bryan James

Family Name

Or Surname

GOODWIN

Inventor's

Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****GB**

Mailing Address

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City

State

ZIP

Country

Research Triangle Park**NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Eugene Lee

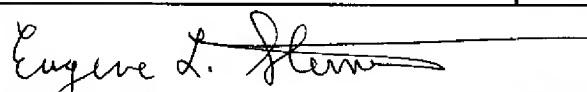
Family Name

Or Surname

STEWART

Inventor's

Signature



Date

7/26/2005

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

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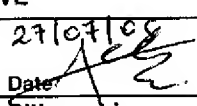
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Peter Jonathan		BROWN	
Inventor's Signature <i>Peter Jonathan Brown</i>		Date July 29, 2005	
Residence: City Durham	State NC	Country US	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Philippe		DELERIVE	
Inventor's Signature		Date	
Residence: City Les Ulis	State	Country FRANCE	Citizenship FR
Mailing Address c/o GlaxoSmithKline, Centre de Recherches, Z.A. de Courtabouef, 25 Avenue de Quebec			
City Quebec	State	ZIP	Country FR
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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Inventor's Signature		Date	
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Given Name (first and middle [if any])		Family Name or Surname	
Philippe		DELERIVE	
Inventor's Signature 		Date 27/07/05 	
Residence: City Les Ulis	State	Country FRANCE	Citizenship FR
Mailing Address c/o GlaxoSmithKline, Centre de Recherches, Z.A. de Courtabouef, 25 Avenue de Quebec			
City Quebec	State	ZIP	Country FR
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DECLARATION - - Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]

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